



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

FEB 24 2021

73454 OS

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1853		2. Exact name of the Corporation BACON CONSTRUCTION CO., INC.				
3. Principal Office Address 241 NARRAGANSETT PARK DRIVE			City EAST PROVIDENCE	State RI	Zip 02916	
4. NAICS Code 23- CONSTRUCTION		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name GEORGE L. AGOSTINI			Vice-President Name MARY J. AGOSTINI			
Street Address 145 SYKES ROAD			Street Address 145 SYKES ROAD			
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771	
Secretary Name MARY J. AGOSTINI			Treasurer Name GEORGE L. AGOSTINI			
Street Address 145 SYKES ROAD			Street Address 145 SYKES ROAD			
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		300		Common	No Par	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Name of Authorized Representative GEORGE L. AGOSTINI, PRESIDENT					Date 2/18/21	
Signature of Authorized Representative 						

MAIL TO:
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